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APPLICANTS

Chung Foong Tan, Singapore, SINGAPORE;

Hyeokjae Lee, Residence Not Provided;

Eng Fong Chor, Singapore, SINGAPORE; Elgin Quek, Singapore, SINGAPORE;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	SINGAPORE	9	20	3
 Examiner's Signature	 Initials			

ADDRESS

30402

WILLIAM STOFFEL

PMB 455

1735 MARKET ST. - STE. A

PHILADELPHIA, PA

19103-7502

TITLE

Shallow amorphizing implant for gettering of deep secondary end of range defects

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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970

☐ 1.18 Fees (Issue)

☐ Other _____

☐ Credit